

0013-04-10784

83982

Certificate Of Death

For use of this form, see AR 180-9, the
Proponent agency is DCSOPS

Internment Serial Number

(b)(6)-4

To:

From:

(b)(3)-1

Name (Last, First, MI)

(b)(6)-4

Grade

Service Number

Nationality

IZ-Iraq

Power Served

IZ-Iraq

Place of Capture/Internment and Date

MC 348 105

2004/01/04

Name, Relationship, Address of Next of Kin

(b)(6)-4

Father's First Name

(b)(6)-4

Place Of Birth:

Date Of Birth:

1986/01/01

Place of Death

BCF,

Date Of Death

2004/04/10

Cause Of Death

GUNSHOT WOUND

Place Of Burial

Date Of Burial

2004/04/11

Identification Of Grave

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space

(Seal of the Office of The Provost Marshal
General)

Date

2004/04/11

Signature of Commanding Officer

Witnesses:

Signature

Address

Signature

Address

for official use only
- Law Enforcement Sensitive -

28

E-4 7

